

Motor Fuel Excise Tax License Application

Mail to:

Louisiana Department of Revenue Taxpayer Services Division Excise Taxes Section P. O. Box 66362 Baton Rouge, LA 70896-6362 (225) 219-7656 (225) 219-2114 (TDD)

Date of	Application	
D 410 01	, ippiloation	

Please Print or Type.

A Applicant Information	n e												
A. Applicant Information Legal Business or Corporation Name				LA Account Number									
Trade Name or DBA (if different	ne)	FEIN/SSN											
Contact Person	Telephone N	umbor		ax Number				ail Add	droce				
Contact Ferson	relephone N	ullibei		ax Nullibel			L-1VI	all Aut	11622				
B. Address Information	1												
Physical Location (do not list P.	O. Box)		С	ity					Stat	te	ZIP		
Mailing Address (if different fro	m above)		С	ity					Stat	te	ZIP		
Address of Business Records				ity				\longrightarrow	Stat	to	ZIP		
Address of Busiliess Records				City					Sta	te	ZIP		
C. License Information													
Check each license for which	ch you are applyin	ıg											
☐ Supplier	Importer	Terminal	l Operator		Notor Fue	l Transport	ter		I Avia	tion	Fuel [Deal	er
Permissive Supplier	Exporter	Blender			Distributor								
List business license num	nber(s) for the fo	llowing (if app	plicable)										
IFTA License Number	IRP License	Number	Federal F	Registry Certif	icate Numl	oer	Тур	e of R	egistry	′			
Enter 9-digit number assigner to submit this application, ex					must have	e a number							
D. Type of Business Ov		metorship or g	enerai pai	mersinp.									
☐ Sole Proprietorship		ral Partnership)	☐ Joint	Venture		1 Ot	her (s	specify	v he	low)		
Domestic Corporation		ed Partnership		Assoc			. Ot	iiei (s	specii	у Бе	10 W)		
☐ Foreign Corporation		ed Liability Par				– y Company	/						
CORPORATION: provide all CALL OTHERS: provide all C	I corporate officer	s. PARTNERS	HIP: prov	ide all partn	ers. SOLE	PROPRIE	ETOF		P: pro	vide	owne	·.	
Full Legal Name	general partners, i	Title	ialiageis.	(Allacii addi		Social Secu							
Tun Logar Hamo		Title				000101 0000		rambo	•				
Home Address		City				State	ZIP						
Full Legal Name		Title				Social Secu	rity N	lumbe	r				
Home Address		City				State	ZIP						
Full Legal Name		Title				Social Secu	rity N	lumbe	r				
Home Address		City				State	ZIP						
If your business organizatio	n is a nartnershin	sole proprieto	orshin or v	our husines	s is hase	l in anothe	r sta	te voi	mus	t nr	ovide a	n a	aent
for service of process. If yo		an Exporter's	License,			ouisiana F	Regis					u	gom
Name		Telephone	e Number			E-mail addre	SS						
		Fax Numb	per										
Address		City				State	ZIP						

E. Product Informa						
Check the type(s) of p			_			
150 – #1 Fuel Oil		– Gasohol		Biodiesel – Undyed		efied Natural Gas
☐ 125 – Aviation Gas☐ 130 – Aviation Jet I		– Gasoline – Diesel - Dyed		Kerosene – Dyed Kerosene – Undyed	Other (spe	pressed Natural Gas
130 – Aviation Jet i		- Diesel - Dyed - Diesel - Undyed	054 -	,	□ Other (spe	city below)
	<u>'</u>			<u> </u>		
F. Motor Fuel Purch	<u> </u>	<u> </u>		· •	· ·	artners from whom you
will receive motor fuel				mase motor ruer and	on an exchange p	arthers from whom you
			Supplier			
N		Point of Origin		Point of Destina	ation	Product
Name		City	State	City	State	Code
		Exc	hange Part	ner		
Name		Point of Origin		Point of Destina	ation	Product
Ivanic		City	State	City	State	Code
G. Terminal Operat	or Information					
If you own, operate, or						
Will you maintain mot	or fuel storage and c	listribution facilities	s to which a	terminal control nur	nber has been ass	sianed by the IRS?
_				_		9 ,
•	s, you must complete		age Facility	_	No	
H. Refinery Informa	ation (Attach addit	ional pages if ne	age Facility ecessary.)	Information. \Box		
H. Refinery Informa	ation (Attach addit	ional pages if ne	age Facility ecessary.) t complete	Information. \Box	No	
H. Refinery Informa	ation (Attach addit	ional pages if ne	age Facility ecessary.)	Information. \Box	No State	ZIP
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	stributor Information are applying for a distributor's lic	ense. vo	ou must complet	e this section.		
	you import motor fuel into Louisiana	from a pe	rmissive supplier?)		
	☐ Yes If yes, you mus t complete☐ No		M – Importer Infor	mation.		
2. Will	you export motor fuel from Louisiana Yes If yes, you must complete		I – Evporter Infor	mation		
	No	, Section	L – Exporter illion	nation.		
3. Will	you purchase motor fuel for resell fro	m a supp	lier or another dis	tributor?		
	☐ Yes ☐ No					
4. Will	you resell motor fuel to another licen	sed distri	butor or bulk cons	umer?		
	☐ Yes					
E 14/:11	□ No	" O				
S. WIII	you resell motor fuel to a retail dealer Yes	1 ?				
	□ No					
6. Will	you resell motor fuel to a consumer?					
	☐ No					
L. Ex	oorter Information (Attach addit	onal pag	jes if necessary.)		
If you	plan to export motor fuel from Lot mode of transportation will you use	uisiana,	you must comp	lete this section	Je boves	1
I. VVIIC		road Tank				
2. Will	you purchase motor fuel from a licen	sed supp	ier and/or distribu	tor?		
	☐ Yes ☐ No					
3. Will	you export motor fuel from a bulk pla	nt?				
	☐ Yes					
4 List	☐ No the state(s) to which you plan to	export	motor fuel and v	our License or R	enistrati	on Number for each state
State	· · · · · · · · · · · · · · · · · · ·	State	-	stration Number	State	License/Registration Number
1.		3.			5.	
2.		4.			6.	
	porter Information (Attach addit		<u> </u>	•		
	plan to import motor fuel into Lo you import motor fuel that you receive					
1. ******	☐ Yes	o nom a	permissive supplie			
	□ No			0		
2. Wha	t mode of transportation will you use Transport Vehicle Rail	to impori road Tank			e boxes.)	
3. Do y	ou plan to import motor fuel from a k					
	☐ Yes ☐ No					
4 List	the state(s) from which you plan	to impo	rt motor fuel and	d vour License o	r Registr	ration Number for each state
State	License/Registration Number	State		tration Number	State	License/Registration Number
1.		3.			5.	
2.		4.			6.	
	tor Fuel Transporter Informatio					
	plan to transport motor fuel, you you transport motor fuel? (Check all			on.		
			from Louisiana	☐ From point to	point wit	hin Louisiana
	t mode of transportation will you use					
	Marine Vessel 🔲 Tr	ansport V	enicle	Railroad Tank	Car	☐ Other

O. Storage Facility Information	(Attach additional pages if nece	ssary.)			
Complete the following for motor f	uel storage facilities you own and/	or lease. (Include facilitie	s that are c	currently not in use.)	
	Own				
Terminal Control Number (If fuel is stored at a terminal)	Physical Location (Street Address, City, State)	How will motor fuel be received? (explain)	Product Code	Storage Capacity (gallons)	
1	Lease				
Terminal Control Number (If fuel is stored at a terminal)	Physical Location (Street Address, City, State)	How will motor fuel be received? (explain)	Product Code	Storage Capacity (gallons)	
P. Tax Pre-Collection Agreemen	nt				
Permissive Suppliers must comp					
I agree to collect and remit the tastate and that was removed from	axes due to the State of Louisiar a a terminal located in another st		s Louisiana	as its destination	
Authorized Representative's Name (Pleas	e print or type)	Title			
Authorized Representative's Signature		Date			
Telephone Number	E-mail Add	E-mail Address			
Q. Certification – All applicants	must complete this section				
I certify that I have read this	<u> </u>	nderstand its contents	and that	all the information	
	blete. I understand it is unlawful t				
and that any violation may be pre-		o kilowingly make a lale	o otatomon	it on the appheation	
Authorized Representative's Name (Pleas		Title			
Authorized Representative's Signature		Date			
Telephone Number	Fax Number	E-mail Add	ress		